



PATRICIA S. PLOEHN, LCSW
Director

County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES

425 Shatto Place, Los Angeles, California 90020
(213) 351-5602

October 24, 2006

To: Mayor Michael D. Antonovich
Supervisor Zev Yaroslavsky, Chair Pro Tem
Supervisor Gloria Molina
Supervisor Yvonne B. Burke
Supervisor Don Knabe

Board of Supervisors
GLORIA MOLINA
First District
YVONNE B. BURKE
Second District
ZEV YAROSLAVSKY
Third District
DON KNABE
Fourth District
MICHAEL D. ANTONOVICH
Fifth District

From: Patricia S. Ploehn, LCSW
Director

A handwritten signature in black ink, appearing to read "Ploehn", with a long horizontal stroke extending to the right.

ANNUAL REPORTING REQUIREMENTS FOR FOUNDATIONS AND SUPPORT GROUPS

Attached is the FY 2005-2006 annual reporting form/or foundation activities as required by the county fiscal manual.

If you have any questions, please call me or your staff may contact Armand Montiel, Board Relations manager at (213) 351-5530.

PSP:CC
DS:rml

Attachment

c: Chief Administrative Officer
Auditor-Controller

**COUNTY OF LOS ANGELES
AUDITOR-CONTROLLER**

**ANNUAL REPORTING FORM
FOR FOUNDATION ACTIVITIES**

REPORTING PERIOD - FY 2005-2006

Department Children & Family Services

Departmental Contact:

Michael Wrice

Telephone Number:

(213) 739-6202

Certification

I hereby affirm/certify, to the best of my knowledge and belief, the foregoing information provided on this annual reporting form is true and accurate:

☐ The Department is not affiliated with any reportable foundations(s)

☒ The Department's affiliation with the following named foundation, guild, auxiliary or other support organization continues to be in the best interests of the County. (Please complete and include the foundation information below.)

Justin Bloehn
Department Head Signature

10/12/06

Date

Foundation Information

1. Foundation: Youth Opportunities United, Inc.

2. Date Foundation Chartered/Incorporated 1988

Has the organization filed for and received California tax exempt status?

Yes ☒

No ☐

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3. **Purpose of Foundation:** To improve the lives of abused and neglected children under the purview of the Los Angeles County Department of Children and Family Services by providing financial assistance to help children with unmet needs.

4. During the reporting period, were any Department employees directly involved with the Foundations policy making or its administration and operations by serving as members of the Board of Directors or officers of the Foundation?

Yes ☒

No ☐

If yes, list the names and positions of the employees below.

<u>Name</u>	<u>Position</u>
<u>Michael Wrice</u>	<u>CSA II</u>
<u>Lisa Key</u>	<u>CSA I</u>

Has the involvement in Foundation activities of the above-named employees been discussed with County Counsel and approved by the Board of Supervisors?

Yes ☒

No ☐

5. If Department employees were involved in the activities and operations of the Foundation, identify the number of employees and the approximate time and salary and employee benefits costs spent on Foundation activities during the reporting period.

<u>Percentage of Time Spent On Foundation Activities</u>	<u>Number of Employees</u>	<u>Approximate Salaries and Benefits</u>
100 %	<u>N/A</u>	\$ <u> </u>
75 % to less than 100 %	<u>N/A</u>	<u> </u>
50 % to less than 75 %	<u>N/A</u>	<u> </u>
25 % to less than 50 %	<u>N/A</u>	<u> </u>
less than 25 %	<u>2</u>	<u>16,000</u>
Totals (include total salaries in 6d. below)		\$ <u>16,000</u>

6. Total estimated value of support provided by the Department to the Foundation during the reporting period.

<u>Type of Support</u>	<u>Cost or Value of Support Provided to the Foundation</u>
a. Office space	\$ <u>0</u>
b. Utilities	<u>0</u>
c. Supplies	<u>0</u>
d. Staff/personnel (salaries and benefits, including the total from #5 above)	<u>16,000</u>
e. Travel/transportation	<u>0</u>

f. Other (describe)

_____ 0 _____

Total

\$ _____ 16,000 _____

7. Were any County revenues from activities (e.g., ticket sales or entrance fees, etc.) transferred or otherwise provided to the Foundation during the reporting period?

Yes ☐

No ☒

If yes, describe the type (source) of revenues and the amount and percent of revenues transferred to the Foundation. (The percent is the percent of that specific category of revenue, e.g., the percent of general admission fees.)

**Dollar Amount Transferred and Percent
of Total Revenues Transferred**

Type of Revenue

Amount

Percentage

General admission fees

\$ _____ N/A _____ %

Special events admission fees

_____ N/A _____ %

Revenues from other activities
(e.g., concession sales); also
describe the other activities.

_____ N/A _____ %

Total

\$ _____ 0 _____

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8. Does the Department provide oversight or monitor the Foundation's activities, services (i.e., support provided to the Department), or financial matters?

Foundation activities

Yes ☒ No ☐

Foundation services
(Support provided to Dept.)

Yes ☒ No ☐

Financial matters

Yes ☐ No ☒

9. Type and value of tangible support provided by the Foundation to the Department during the reporting period.

Type of Support (See Note below)	Value of Support Received
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Contributions:

Monetary	\$	13,000 - scholarships to foster youth
Additional compensation for County employees		<u>1,600 - Borders gift cards to foster youth</u>
		0
Supplies/medicines		<u>0</u>
Equipment/facilities		<u>0</u>
Travel/transportation		<u>0</u>
Other (describe): Art Festival		<u>15,125</u>
Total	\$	<u>29,725</u>

Note: Tangible contributions such as funds, supplies or equipment which foundations donate to the department or the department's clients are considered donations and must be budgeted, accounted for and documented (dates, value, etc.) in accordance with the donation procedures in the **County Fiscal Manual**, Chapter 2, Trust Funds, Section 2.4.0.

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10. Does the Foundation provide intangible benefits/services (e.g., volunteer hours, goodwill, etc.) to the Department? (See Note below.)

Yes ☒

No ☐

11. If the answer to 10 is yes, list the type and number of units (volunteer hours, etc.) of intangible benefits/services provided by the Foundation to the Department during the reporting period. (See Note below.)

<u>Description of Benefits/Services</u>	<u>Type & Number of Units</u>
Animagination Art Festival	72
Y.O.U. Golf Tournament	108
Y.O.U. Board Meeting	160
Subcommittees	80

Note: It is very important that intangible benefits be identified and listed to show the true value of continuing the relationship with the foundation. Volunteer hours, etc., must be listed in this section. They are **NOT** to be dollarized and included in 9. above.

12. Foundation operating budget. \$ 70,089

13. Attach Foundation's Form 199 (Exempt Organization Annual Information Return or Statement).

Attached ☐

Not Attached ☒

If Form 199 is not attached, please explain why:

Y.O.U. will complete tax form by end of November 2006.

14. Attach a list of foundation assets (cash, etc.).

Attached ☐

Not Attached ☒

If a list of assets is not attached, please explain why:
199 tax form not completed.

15. List any observations on areas where the Foundation may be able to improve the manner in which it operates. For example:

1. In its relationship with the Department.
2. In its relationship with the clients it serves.

Y.O.U. needs to expand its number of Board of Directors.